

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.	FILING DATE					
								APPLICANT(S)						
								CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP	
	IND	DEP	IND	DEP	IND	DEP								
1								51						
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46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2							TOTAL IND.						
TOTAL DEP.	19							TOTAL DEP.						
TOTAL CLAIMS	19							TOTAL CLAIMS						